

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF VIRGINIA
OFFICE OF THE CLERK
1100 East Main Street, Suite 310
Richmond, Virginia 23219**

Date of Request _____

Name of Requestor _____

Case Name _____

Address _____

Case No. _____

AP No. _____

Telephone No.(____) _____

Request for Claims/Creditor Register, List of Creditors, Docket Record, Certified Copies or Government Agency Photocopies
--

Check one: ☐ **Claims/Creditor Register** ☐ **List of Creditors** ☐ **Docket Record**

.50 per page

.50 per page

.50 per page

☐ **Certified Copies. Identify document(s) to be certified:** _____

\$5.00 per document plus .50 per page copy fee

For the above items, make check payable to **Clerk, U.S. Bankruptcy Court.** **Amount Due \$** _____

Document requests are normally completed and available for pickup after 10:00 a.m. the next business day following the date of request. **Please indicate at the bottom of this form your preferred method for receiving these documents upon completion of your request by the Clerk's Office.**

PHOTOCOPY REQUESTS FOR GOVERNMENT AGENCIES ONLY:

Document Description	Date Filed	Entry Number	Number of Pages
Petition			
Schedules			
Statement of Financial Affairs			
341 Meeting Notice			
Discharge			
No Distribution Report			
Chapter 13 Plan			

_____ To be mailed. A self-addressed, stamped envelope of adequate size is attached to this request.

_____ To be picked up at the Clerk's Office. ***Request not picked up within 10 days will be destroyed.***

Date Requestor Notified: _____

Date Mailed: _____

Date Received: _____

Signature of Requestor/Agent: _____